

CLAIM FORM

(NOTICE OF CLAIM MUST BE FILED NOT LATER THAN 60 DAYS FROM THE DATE OF ACCIDENT)

City of Detroit Law Department
Claims Section
660 Woodward, Suite 1650
Detroit, Michigan 48226-3535

(Date)

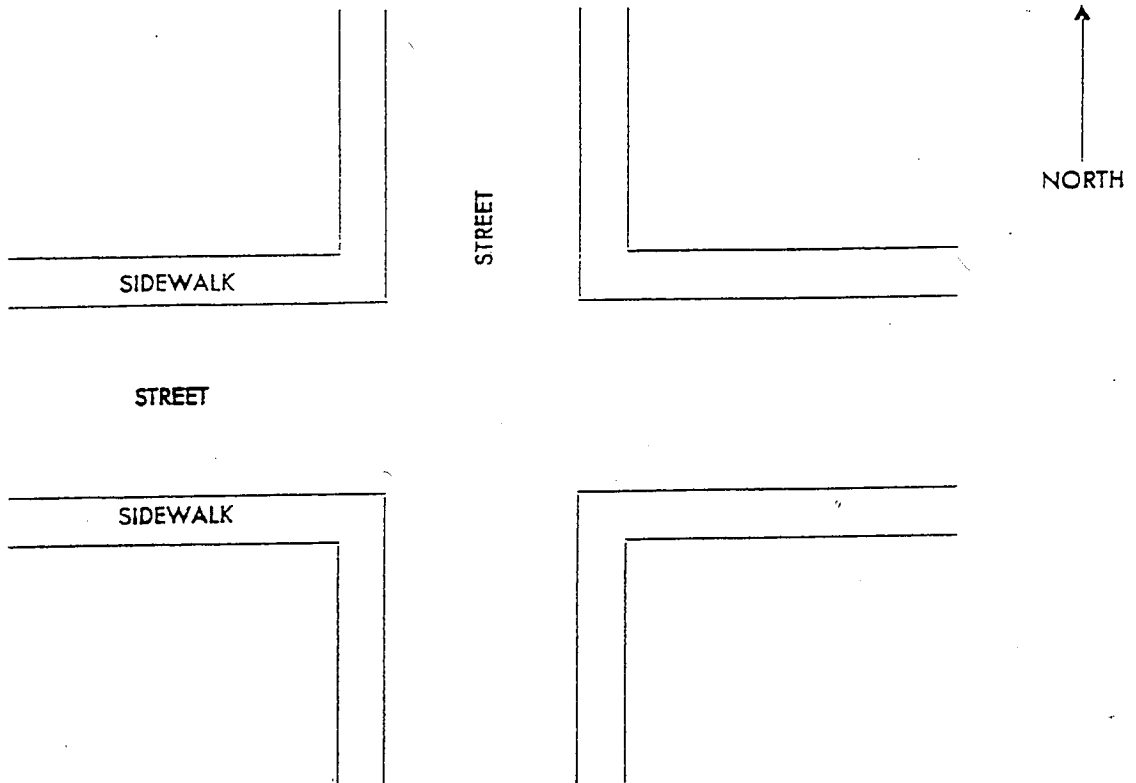
Gentlemen: _____

Claim is hereby made against the City of Detroit due to the following happening on

_____ at _____ a.m., p.m.
(MONTH - DAY - YEAR) (TIME)

1. Location _____
(Exact location of accident including street address)

2. Make complete diagram. (USE FOR OUTDOOR ACCIDENTS)



3. If accident was result of defect in street or sidewalk, describe defect, giving exact location and nature of defect.

4. How did accident happen? Explain in detail, using additional sheets if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. A faint vertical margin line is present on the left side, creating a narrow left margin. The paper appears slightly aged or off-white. There are some very small, dark specks scattered across the surface, possibly dust or minor imperfections in the paper. No handwriting or other markings are present on the page.

5. List in detail the injuries or damages suffered. Use additional sheets, if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

6. Did you notify the police? Yes_____ No_____

7. If your vehicle was involved, give license number:_____ License number of other vehicle:_____

8. Amount of claim \$_____
(ENCLOSE DOCTOR AND HOSPITAL BILLS ON PERSONAL INJURY CLAIMS)
(ENCLOSE TWO ESTIMATES ON PROPERTY DAMAGE CLAIMS)

9. List all known witnesses of accident. Use additional sheets if necessary.

(Name)

(Address)

(Telephone)

(Name)

(Address)

(Telephone)

(Name)

(Address)

(Telephone)

(Name)

(Address)

(Telephone)

(Name)

(Address)

(Telephone)

Respectfully submitted,

(Name)

(Address)

(City)

(Zone)

(State)

(Telephone Number)

STATE OF MICHIGAN }
COUNTY OF WAYNE } ss.

Subscribed and sworn to before me this_____ day of_____, A.D. _____

(Notary Public, Wayne County, Michigan)

(Date Commission Expires)

THIS CLAIM MUST BE NOTARIZED

10. HAVE YOU MADE A CLAIM WITH YOUR OWN INSURANCE COMPANY? _____

11. PLEASE GIVE THE NAME AND ADDRESS OF YOUR INSURANCE COMPANY
AND POLICY NUMBER:

12. HAVE YOU MADE ANY OTHER COMPLAINTS OR REPORTS REGARDING THIS
INCIDENT? _____ IF YES, PLEASE SPECIFY BELOW:

13. PLEASE SUBMIT A COPY OF YOUR VEHICLE REGISTRATION OR TITLE.

14. HAVE YOU PREVIOUSLY FILED ANY OR HAVE ANY OUTSTANDING CLAIMS
AGAINST THE CITY OF DETROIT? _____ IF YES, PLEASE SPECIFY:

USE ADDITIONAL SHEETS IF NECESSARY.